

Case Number:	CM13-0017540		
Date Assigned:	09/30/2013	Date of Injury:	09/10/2009
Decision Date:	02/18/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 57-year-old male who reported injury on 09/10/2009. The mechanism of injury was not provided. The patient was noted to have lumbar spine tenderness and limited range of motion. It was noted that the furnished therapy was helpful for the patient. The patient's diagnosis was noted to be lumbago. The request was made for pool therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Pool Therapy 2x4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Physical Medicine Page(s): 22; s 98-99.

Decision rationale: California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for Myalgia and myositis is 9-10 visits. The clinical documentation submitted for review failed to indicate the patient had a necessity for reduced weightbearing. Additionally, while it indicated the patient had finished the therapy and it was helpful, however, there was a lack of documentation indicating whether the patient had

physical therapy or aquatic therapy and the patient's functional response to the mentioned therapy. Given the above and the lack of documentation of objective findings and the patient's objective functional response to therapy, the request for pool therapy 2 x 4 weeks is not medically necessary.